

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/785269

FILING DATE

2/20/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50														
TOTAL IND.			3		3									
TOTAL DEP.			16		15									
TOTAL CLAIMS			19		18									
51														
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99														
100														
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														

CLAIMS ONLY

SERIAL NO.

09785269

FILING DATE

02-20-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.	3					
TOTAL DEP.	16						TOTAL DEP.	15					
TOTAL CLAIMS	19						TOTAL CLAIMS	18					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS